

NAME OF ORGANIZATION _____

ADDRESS _____

FEI # _____

YEAR ENDING _____

Gross Receipts

Funds Received for Reimbursed Expenses

Gross Receipts for Inventory Sales

Cost of Inventory Sold

Expenditures/Disbursements:

Salaries

Professional Fees

Rent

Utilities

Printing

Publications/Books/Tapes

Travel

Meals

Conferences/Conventions/Meetings

Interest Paid

Supplies

Telephone

Payroll Taxes

Other Taxes

Bank Fees

Auto & Truck

Dues & Subscriptions

NAME OF ORGANIZATION _____

YEAR ENDING _____

Expenditures/Disbursements (continued):

Flowers & Gifts _____

Insurance _____

Security _____

Office Supplies _____

Donations to Foreign Ministries _____

Donations to US Ministries _____

Donations to Missions _____

Postage & Shipping _____

Other _____

Other _____

Other _____

Assets & Liabilites:

Ending Cash Balance _____

Accounts Payable _____

Credit Card Payable _____

Loan Payable _____

Other _____

Furniture & Equipment Purchases
(provide description/cost/date)

Description _____ Cost _____ Date _____

Description _____ Cost _____ Date _____

Description _____ Cost _____ Date _____

Description _____ Cost _____ Date _____

Description _____ Cost _____ Date _____

NAME OF ORGANIZATION _____

YEAR ENDING _____

Contributors in Excess of \$5,000
(provide name/address/amount of donation)

Name _____ Amount _____

Address _____

Name _____ Amount _____

Address _____

Name _____ Amount _____

Address _____

Name _____ Amount _____

Address _____

Name _____ Amount _____

Address _____

Name _____ Amount _____

Address _____

Name _____ Amount _____

Address _____

Name _____ Amount _____

Address _____

Name _____ Amount _____

Address _____

Name _____ Amount _____

Address _____

NAME OF ORGANIZATION _____

YEAR ENDING _____

List of Officers/Directors/Trustees
(provide name/address/title/number of hours)
(if same as previous year - indicate no change)

Name _____ Title _____

Address _____

Hours Worked Per Week _____ Compensation _____

Name _____ Title _____

Address _____

Hours Worked Per Week _____ Compensation _____

Name _____ Title _____

Address _____

Hours Worked Per Week _____ Compensation _____

Name _____ Title _____

Address _____

Hours Worked Per Week _____ Compensation _____

Name _____ Title _____

Address _____

Hours Worked Per Week _____ Compensation _____

Name _____ Title _____

Address _____

Hours Worked Per Week _____ Compensation _____

Name _____ Title _____

Address _____

Hours Worked Per Week _____ Compensation _____

Name _____ Title _____

Address _____

Hours Worked Per Week _____ Compensation _____

NAME OF ORGANIZATION _____

YEAR ENDING _____

Describe accomplishments for each of the three largest program services, as measured by total expenses incurred. Offer clear and concise explanations. Include the program's objective, number of individuals served, and days or sessions provided.

Service #1 Total Expenses Incurred _____

Service #2 Total Expenses Incurred _____

Service #3 Total Expenses Incurred _____

